

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		2		1			55	
6		(1)		1			56	
7		(1)		1			57	
8		(1)		1			58	
9		(1)		1			59	
10		(1)		1			60	
11		(1)		1			61	
12	1		1				62	
13							63	
14							64	
15							65	
16							66	
17							67	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		2				TOTAL IND.	
TOTAL DEP.		10		1			TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	